Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. DOLD FOR CONGRESS PO BOX 6312 ADDRESS (number and street) (Check if address is changed) LIBERTYVILLE 60048 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS PAUL@PDSCOMPLIANCE.COM (Check if address is changed) Optional Second E-Mail Address MGOODE@PDSCOMPLIANCE.COM COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.DOLDFORCONGRESS.COM (Check if address is changed) DATE 07 2016 C00465971 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. PAUL KILGORE Type or Print Name of Treasurer PAUL KILGORE [Electronically Filed] 09 07 2016 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC	Form 1 (Revised 02/2009)	Page 2
	COMMITTEE	
	ate Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below	(.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Name of Candidate	ROBERT JAMES DOLD JR	
Candidate		State
Party Affi	ation REP Sought: X House Senate President	District 10
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate		
Party C	ommittee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politica	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fu	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	•
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
C	ommittees Participating in Joint Fundraiser	
1.		
2.		
3.		
4.		

FEC Form 1 (Revised (02/2009)	Page 3
Write or Type Committee Name	·	
DOLD FOR CO	NGRESS	
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	ip PAC Sponsor
PATRIOT DAY I 2015	<u> </u>	
Mailing Address	228 S WASHINGTON ST STE 115	
	ALEXANDRIA VA 22314	
	CITY STATE Z	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Lead	dership PAC Sponsor
. Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in poss	ession of committee
SARA KAR	RLOVICS	ı
Full Name	,PO BOX 8145	
Mailing Address		
	NORTHFIELD , IL , 60093	
	NORTHFIELD IL 60093	
Title or Position	CITY STATE Z	IP CODE
ASSISTANT TREASURER	Telephone number 312 - 2	2923
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the namessistant treasurer).	e and address of
Full Name PAUL KILO	GORE	1
of Treasurer	2470 DANIELLS BRIDGE RD STE 121	
Mailing Address		
	ATHENS GA 30606	
Title or Position TREASURER		34 - 7780
1		

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Full Name of Designated Agent				
Mailing Address				
	CITY STATE ZI	IP CODE		
Title or Position				
	Telephone number			
Mailing Address	NORTH SHORE COMMUNITY BANK 576 LINCOLN AVE WINNETKA IL 160093			
	WINNETKA IL 60093			
	CITY STATE Z	IP CODE		
Name of Bank, Depository, etc.				
Mailing Address	SUNTRUST BANK PO BOX 4418			
maining Audress	ATLANTA GA 30302			
	CITY STATE Z	IP CODE		

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page 5 List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. 1909 K ST NW Mailing Address 20006 DC WASHINGTON CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor **Dold Victory Committee** PO Box 6312 Mailing Address Libertyville IL 60048 **CITY** STATE 4 ZIP CODE Relationship: X Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Connected Organization [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. ı Wells Fargo Mailing Address 94104 CA San Francisco CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor PATRIOT VICTORY 2016 320 1ST ST SE Mailing Address WASHINGTON DC 20003 **CITY** STATE 4 ZIP CODE Relationship: X Joint Fundraising Representative Leadership PAC Sponsor Connected Organization Affiliated Committee [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number